CITIZEN'S POLICE ACADEMY ENROLLMENT APPLICATION

The Lower Paxton Township Police Department appreciates your interest in the Citizen's Police Academy. In order to consider you for enrollment, we request that you complete this application and return it as soon as possible.

- Applicants must be at least 18 years of age.
- Committed to attend the sessions.

PRINT OR TYPE ALL INFORMATION

LAST NAME	FIRST	MIDDLE
DATE OF BIRTH	SSN #	
HOME ADDRESS	CITY	
TOWNSHIP/BOROUGH		ZIP CODE
HOME PHONE NUMBER ()		
PA DRIVER'S LICENSE NUMBER _		(Eight digits)
PLACE OF EMPLOYMENT		
TITLE / POSITION		
BUSINESS ADDRESS		
BUSINESS PHONE NUMBER		
Please answer the following questions:		
Have you ever been arrested for a cri	minal offense?	
If so, indicate date occurred and expla	ain	

Briefly explain why you wish to be enrolled in the Lower Paxton Twp. Police Citizen's Academy?			
List two character references who are not family members:			
NAME	HOME PHONE #		
ADDRESS	WORK PHONE #		
NAME	HOME PHONE #		
ADDRESS	WORK PHONE #		
Please review your answers carefully and reapplication.	ead the statement below before signing the		
I hereby certify that there are no willful falsi the foregoing statements and answers to the false statement on this application shall be su or dismissal from the Citizen's Academy.	questions. I understand that any omission or		
I acknowledge all the information contain Academy and for no other purpose.	•		
I hereby authorize the Lower Paxton Two foregoing information for the purpose of eval	•		
APPLICANT'S SIGNATURE	DATE		
Mail completed application to:			
Lower Paxton Twp. Police Department Attention: Community Policing Unit			

Attention: Community Policing Unit 425 Prince Street Suite 320 Harrisburg, PA 17109